

124 70 0009647

CERTIFICATE OF DEATH

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 685

- DO NOT WRITE ON THIS STUB
- 9. 1
 - 10a. 76
 - 10b.
 - 11. 0
 - 12. 3
 - 13. 203X
 - 14.
 - 15. 4
 - 16.
 - 17.
 - 18. 0
 - 19. CREDITS
 - 20.

VS 300
Rev. 1/70

4. 4:00

5. 96

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 4000

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <u>Virginia Leona Moss</u>			2. <u>Female</u>	3. <u>Feb. 11, 1970</u>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. <u>white</u>	5a. <u>76</u>	5b.	5c.	6. <u>Nov. 14, 1893</u>	7a. <u>St. Louis</u>	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <u>-----</u>		7c. <u>No</u>	7d. <u>Halls Ferry Nursing Home</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. <u>Missouri</u>		9. <u>U.S.A.</u>		10. <u>Divorced</u>		11.
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
17. <u>492-10-4519A</u>			13a. <u>Superintendent</u>		13b. <u>Cafeteria</u>	
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. <u>Missouri</u> 14b. <u>St. Louis</u>		14c. <u>-----</u>		14d. <u>-----</u>	14e. <u>11726 Larimore Rd.</u>	
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. <u>Thurman</u>			16. <u>Missouri Mackley</u>			
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. <u>William Lee</u>				17b. <u>11726 Larimore Rd. St. Louis County, Mo. 63138</u>		
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						
18. IMMEDIATE CAUSE						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) <u>Multiple Myeloma</u>						<u>Seven (7) months</u>
(b) DUE TO, OR AS A CONSEQUENCE OF:						
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (D)						
<u>Diabetes Mellitus</u>						
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OF PART II, ITEM 18)			
70a.	70b.	70c.	70d.			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS		
70e.	70f.	70g.		70h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM (HER) LIVE ON MONTH DAY YEAR	I DID (DID NOT) VIEW THE BODY AFTER DEATH.	DEATH OCCURRED (HOUR)	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. <u>706 25 1965</u>	21b. <u>706 10 1970</u>	21c. <u>Jan 31 1970</u>	21d.	21e.	21f. <u>11:50 A.M.</u>	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)	
23a. <u>L W O'BANNON</u>			23b. <u>[Signature]</u>	<u>M.D.</u>	23c. <u>February 11 1970</u>	
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
23d. <u>1125 GRANHAM RD</u>			<u>FLORISSANT</u>	<u>MO</u>	<u>63031</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
24a. <u>Removal</u>		24b. <u>Bellefontaine Cemetery</u>		24c. <u>St. Louis Missouri</u>		
DATE (MONTH, DAY, YEAR)			FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. <u>Feb. 14, 1970</u>			24e. <u>Buchholz Mortuary Inc. 5967 W. Florissant, St. Louis, Mo. 63136</u>			
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH DEPARTMENT	
<u>[Signature]</u>			<u>[Signature]</u>		26b. <u>FEB 13 1970</u>	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph C. Linden

Licensed Embalmer No. 4275
P. O. Address At. Jan. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.